



State of Tennessee  
Department of Commerce and Insurance  
Board of Architectural and Engineering Examiners  
500 James Robertson Parkway, Third Floor Nashville, TN 37243-1142  
800-256-5758 615-741-3221 (Nashville Area) 615-532-9410 (Fax)  
<http://www.state.tn.us/commerce/boards/ae/index.html> [sandy.s.moore@state.tn.us](mailto:sandy.s.moore@state.tn.us)

## **Filing a Complaint with the Tennessee Board of Architectural and Engineering Examiners**

Following is the complaint form used by the Department of Commerce and Insurance, Division of Regulatory Boards. Click on the field and type in your information. Print the form and mail or fax.

This Board was created to enforce the law and rules governing architects, engineers, landscape architects and registered interior designers. To protect the public health, safety, and welfare, licensees who fail to follow the law and rules of the profession are subject to disciplinary action.

The Board cannot recover or order the refund of any money or property to which you may be entitled. You should consult with your own attorney about a lawsuit in these matters. In some cases, the Board may revoke or suspend the license of the person against whom you are complaining (the respondent).

When the Board receives your complaint, it will be initially reviewed to determine if there is a possibility of imminent danger to the health, safety and welfare to the public. If there is, then this complaint will be forwarded directly to the Board's legal counsel. If not, a copy of this complaint will then be sent to the respondent asking for his or her response within 14 days. The complaint and the response will be forwarded to the Board's legal counsel for review. If additional information is necessary an investigation will be initiated. The Board's legal counsel will present the findings to the Board, which has the sole authority to determine the appropriate action. You will be notified of the Board's decision.

If the Board conducts a formal hearing in the matter, you may be subpoenaed to testify.

Please mail your complaint to:

Sandra S. Moore, Executive Director  
Tennessee Board of Architectural and Engineering Examiners  
500 James Robertson Parkway, 3<sup>rd</sup> Floor  
Nashville, TN 37243-1142



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## COMPLAINT

|                         |   |                    |
|-------------------------|---|--------------------|
| _____                   | V | _____              |
| (Complainant)           |   | (Date Filed)       |
| _____                   |   | _____              |
| (Street Address)        |   | (Respondent)       |
| _____                   |   | _____              |
| (City, State, Zip)      |   | (Street Address)   |
| _____                   |   | _____              |
| (Home Telephone Number) |   | (City, State, Zip) |
|                         |   | _____              |
|                         |   | (Telephone Number) |

*Please provide the following information to enable our investigator to contact you concerning your complaint, if a personal interview becomes necessary.*

Name of Your Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_  
(Street Address) (City, State, Zip)

Your Business Phone \_\_\_\_\_

**NOTE:** PURSUANT TO TCA TITLE 47, CHAPTER 18, THE TENNESSEE CONSUMER PROTECTION ACT, YOU MAY WANT TO FILE A COMPLAINT WITH THE DIVISION OF CONSUMER AFFAIRS, 500 JAMES ROBERTSON PARKWAY, 5<sup>TH</sup> FLOOR, NASHVILLE, TENNESSEE, 37243. (615-741-4737 OR 1-800-342-8385)

## BASIS FOR YOUR COMPLAINT

*Give a complete statement of the facts, with dates. Add additional sheets if necessary. Also, attach originals of all documents that will support your allegations. You should retain copies.*

[illegible]

*Other person(s) with firsthand knowledge of your complaint: (Attach an additional sheet if necessary.)*

Name \_\_\_\_\_

Address \_\_\_\_\_  
(Street Address) (City, State, Zip)

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Have you consulted an attorney? \_\_\_\_ Yes \_\_\_\_ No

If YES, please provide the following:

Name of Attorney \_\_\_\_\_

Address \_\_\_\_\_  
(Street Address) (City, State, Zip)

Phone \_\_\_\_\_

Are you licensed by this State Board? \_\_\_\_ Yes \_\_\_\_ No

If YES, give profession and license number \_\_\_\_\_

Complainant Signature \_\_\_\_\_